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Message: Attached please find a Revocation and Power of Attorney and copy of assignment.
Serial No.. 10/826,466
Filing Date: April 16, 2004
Our Ref.: SIER-0222CON

Total number of pages, including this cover sheet: 7

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	First Named Inventor	ANDREWS, WILLIAM H.
	Application Number	10/826,466
	Filing Date	April 16, 2004
	Group Art Unit	N/A
	Examiner Name	N/A
	Title:	"METHODS AND COMPOSITIONS FOR MODULATING TELOMERASE REVERSE TRANSCRIPTASE (TER) EXPRESSION"
I hereby revoke <u>all previous</u> powers of attorney or authorizations of agent given in the above-identified application and <u>hereby appoint</u> Practitioners at:		
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whose address is: Bozicevic, Field & Francis LLP, 1900 University Avenue, Suite 200, East Palo Alto, California 94303 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or <i>inter partes</i> proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application.		
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I am the: <input type="checkbox"/> Applicant; or <input checked="" type="checkbox"/> Assignee of record of the entire interest <input type="checkbox"/> Attorney of record		
SIGNATURE of Applicant, Assignee or Attorney of Record		
Name	Pierluigi Zappacosta, Chief Executive Officer, Sierra Sciences	
Signature	[Signature]	
Date	22 Dec 2004	

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ANDREWS, WILLIAM R.

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ASSIGNOR:

FOSTER, CHRISTOPHER A.

DOC DATE: 11/04/2003

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ASSIGNEE:

SIERRA SCIENCES, INC.
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RENO, NEVADA 89502

SERIAL NUMBER: 10675794
PATENT NUMBER:

FILING DATE: 09/30/2003
ISSUE DATE:

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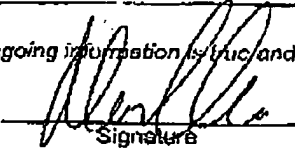
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4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) <u>10/675,794</u> B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Nan Wu</u> Internal Address: _____ Street Address: <u>153 Townsend Street, Suite 800</u> City: <u>San Francisco</u> State: <u>CA</u> Zip: <u>94107</u>			6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 3.41): <u>\$ 40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>07-1896</u> (Attach duplicate copy of this page if paying by deposit account)		
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